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18 AUG -2 PH # 11

K. SALY AUG - 3 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 329938 4305966

AUTHORIZATION

COST LIMIT : U\$\130.00

ORDER DATE : August 1, 2018

ORDER TIME : 2:59 PM

ORDER NO. : 329938-070

CUSTOMER NO: 4305966

FOREIGN FILINGS

NAME: BR LAKELAND FL OWNER, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED, COPY

XX PLAIN STAMPED COPY

XX ___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. BR Lakeland FL Own (Name of Foreign	ner, LLC in Limited Liability Company; must include "Li	mited Liability Company," "L.L.C.," or "L	LC.")	
(If name unavailable, enter alternate	name adopted for the purpose of transacting business i	in Florida. The alternate name must include "Limit	ed Liability Company," "L.L.C." or "LLC.")	
2. Delaware	, , , ,	3 42-1563209		
(Jurisdiction under the law of which foreign limited liability company is organized)		J.	(FEI number, if applicable)	
4				
4	(Date first transacted business in Florida, if pro (See sections 605,0904 & 605,0905, F.S. to de	or to registration.)		
- 3333 Peachtree Poac			NE 10th Floor MC 3951	
5. 3333 Peachtree Road NE, 10th Floor, MC 3951 (Street Address of Principal Office)		6. 3333 Peachtree Road NE, 10th Floor, MC 3951 (Mailing Address)		
Atlanta, GA 30326		Atlanta, GA 30326	<u> </u>	
			FGET	
7. Name and street addr	ess of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	ASSERTION OF THE PROPERTY OF T	
Name:	Corporation Service Company		E. P.	
005 411	. 1201 Hays Street		200	
Office Address			書が	
	Tallahassee (City)	, Florida 32301	Zip code)	
8. The name, title or ca	pacity and address of the person(s) wh	ent's signature) o has/have authority to manage is/a		
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	
Member	SunTrust Equity Funding,	LLC		
	3333 Peachtree Road NE 10th Floor, MC 3951			
	Atlanta, GA 30326			
		····		
				
(Use attachments if nec	essary)			
	te of existence, no more than 90 days ow of which it is organized. (If the certiful submitted)			
	to the Department of State constitutes			
	Sign	nature of an authorized person		
		•		

Allison McLeod, Manager of SunTrust Equity Funding, LLC, its sole Member



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BR LAKELAND FL OWNER, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SECOND DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BR LAKELAND FL OWNER, LLC" WAS FORMED ON THE FIRST DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

FILED

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SECRETARY OF STATE



Authentication: 203174486

Date: 08-02-18

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